



2014 Liability Waiver Form

This form covers all recreation programs and community events offered by the Shoreline Parks, Recreation and Cultural Services Department for the year 2014. Please read and fill out this form completely and legibly. This information will be used in the event of an emergency. Once finished, please return to our office promptly.

Section One: Please provide information for ALL participants in your family.

Last Name	First Name	Gender (optional)	Date of Birth	Medical/Allergy Alerts
ADULTS/PARENTS/GUARDIANS				
<i>Main Contact</i>		M / F		
1.		M / F		
2.		M / F		
CHILDREN/DEPENDENTS				
1.		M / F		
2.		M / F		
3.		M / F		
4.		M / F		
5.		M / F		
Address:				
City/State/Zip:				
Email Address:				

Section Two: What is the best way to reach YOU or other Adults in your home?

Name	Cell Phone	Home Phone	Work Phone
<i>Main Contact</i>			
1.			
2.			

Section Three: Please provide two Emergency Contacts NOT listed above:

Emergency Contact Name	Relationship	Cell Phone	Home Phone
1.			
2.			

I am 18 years of age or older, fully competent and am the parent or legal guardian of the minor children shown on this Liability Waiver Form. It is important to me that I and/or my child(ren) be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation, and Cultural Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, and other special interests classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise directly or indirectly from my participation and/or the child's participation in the activity. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me and/or my child(ren) being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage, and harm to myself or my child(ren) which may arise from my participation or my child's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) arising out of my participation or the child's/children's participation in the activity.

I hereby authorize the use of photos/ video of above listed participants.

I understand that if I DO NOT wish to have photographs and/or videotapes of me or my child/children/ward to be utilized for promotional purposes, I must call (206)-801-2600 prior to the first day of the program and/or event.

Main Contact/1 Signature:

Date:

Adult 2 Signature:

Date:

Please return to:

PRCS – Spartan Recreation Center
202 NE 185th St Shoreline, WA 98155

Phone: 206.801.2600 Email: pks@shorelinewa.gov

I do NOT want to receive the Parks & Rec eNewsletter ☐